



The \$10,000 Quick Weight Loss Challenge Registration Form

Name: _____ Start Date: _____

Date of Birth: _____ Start Weight: _____

Address: _____

Phone number: _____

E-mail address: _____

I have read and understand the Official Rules of The \$10,000 Quick Weight Loss Challenge. I understand that all entries submitted, including essays and photographs, become property of Quick Weight Loss Centers and will not be returned, and that by submitting an entry I grant Quick Weight Loss Centers and its agents the right to record, copy, publish, use, edit, exhibit, distribute, perform, merchandise, market, license, sublicense, adapt and/or modify my entry in any way, in any and all media, without limitation and without any compensation. I agree to abide by the official rules and the judges' decisions, which are final in all respects and will not be divulged.

I understand and agree to the terms and conditions of this competition and would like to participate.

Signature

Date

Name (print)

Witness Signature

Date

Witness Name (print)